

DSPD SFY 09 CSB Service Contract Review CHECK OFF FORM

Provider Information	Reviewer Information
Agency Name: _____	Name: _____
Contract #: _____	Region: _____
Provider ID number: _____	Date of Review: _____
Sample Size: _____	

Documentation Requirements	COMPLIANCE
1) Contractor Qualifications	
a) Contractor has a bachelor degree, preferably in a field of study related to social health or education sciences, or equivalent work experience.	YES NO N/A
b) Contractor has a minimum of five years experience working with people with disabilities and their families in a professional or volunteer capacity.	YES NO N/A
c) Contractor is familiar with State and community resources available to people with disabilities and their families and knows how to access these resources.	YES NO N/A
d) Contractor direct care staff have at least one year experience working with people with disabilities.	YES NO N/A
e) Contractor maintains compliance to contract required insurance.	YES NO N/A
f) Contractor services are provided at person's place of residence or contractor's business office or a DSPD office.	YES NO N/A
2) Service Requirements	
a) One page support strategy developed by contractor, along with person and person's representative, detailing how the needed supports and outcomes outlined in the Action Plan will be achieved.	YES NO N/A
b) Contractor meets with client on a weekly basis to develop and to ensure a working relationship in order to achieve identified outcomes.	YES NO N/A
c) Contractor assists the client and family in identifying and creating support options, as outlined in Action Plan.	YES NO N/A
d) Contractor provides clients with transportation to and from client appointments as specified in Action Plan.	YES NO N/A
e) Contractor educates clients and their families on available community resources.	YES NO N/A
3) Staff Requirements	
a) Staff are 18 years of age or older.	YES NO N/A
b) Annual documentation verifying staff have passed criminal background checks.	YES NO N/A
c) Contractor and staff must have valid driver's license and current auto insurance to transport clients. DSPD recommends annual driver record check.	YES NO N/A
d) Contractor and staff review DHS/DSPD Codes of Conduct annually.	YES NO N/A
e) Contractor and staff have a Conflict of Interest Declaration on file.	YES NO N/A
4) Training Requirements	
a) Documentation that contractor and contractor staff have attended mandatory orientation session conducted by DSPD within three months of contract award or prior to providing services to clients.	YES NO N/A
b) Documentation that contractor and staff receive at least ten hours or continuing education each year. Documentation includes area of study, the number of hours, and the type of participation (written materials, seminars, conferences, training sessions, etc).	YES NO N/A
c) Contractor provides a 1:1 staffing ratio with the client and/or family.	YES NO N/A
5) Special Record Keeping Requirements	
a) Contractor maintains individual records for each client served. Records include:	YES NO N/A
1. Referral from DSPD Region Office	
2. Support Strategies	
3. Summary of monthly service	
4. Number of hours worked each billing period. Hours documented match hours billed on 295S form.	
5. Types of services provided and dates services were rendered. End of Service report produced.	
6. Hours provided do not exceed 125 hours annually without DHS/DSPD Region Director prior approval.	
7. Mileage reimbursed at the State rate using code DTP is only for transporting the person to obtain assistance with community services .	
8. Total annual budget and payments do not exceed \$2,827.	
9. CSB and DTP services supported by contracted documentation.	
10. Contractor's Internal Quality Management process is functional.	